



FORM 941/C1-ME Loose
2008
QUARTER # _____

MAINE REVENUE SERVICES
MAINE DEPARTMENT OF LABOR

COMBINED FILING FOR INCOME TAX WITHHOLDING
AND UNEMPLOYMENT CONTRIBUTIONS



0808520

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Name _____ Withholding Account No: _____
Address _____ UC Employer Account No: _____
City _____ State _____ ZIP Code _____ Period Covered: _____ MM _____ DD _____ YY to _____ MM _____ DD _____ YY

Part One - Income Tax Withholding

- A. Number of payees subject to Maine income tax withholding: _____
1. Maine income tax withheld this quarter (from Schedule 2/C1, line 19b) (Semiweekly filers complete Schedule 1/C1 on reverse side).....1. \$ _____ , _____ , _____ . _____
2. Less any semiweekly payments (From Schedule 1/C1, line 13 on reverse side) (See instructions).....2. \$ _____ , _____ , _____ . _____
3. Income tax withholding due (line 1 minus line 2).....3. \$ _____ , _____ , _____ . _____

Office use only:

Seasonal Code: _____

Seasonal Period: _____ MM _____ DD _____ YY to _____ MM _____ DD _____ YY

Part Two - Unemployment Contributions Report

- | | 1st Month | 2nd Month | 3rd Month |
|--|----------------------------------|----------------------------------|----------------------------------|
| 4. For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment insurance purposes for the payroll period which includes, the 12th of each month. If you had no employment in the payroll period, enter zero (0) 4. | _____ | _____ | _____ |
| 5. Number of female employees included on line 4. If none, enter zero (0)..... 5. | _____ | _____ | _____ |
| 6. Total Unemployment Compensation Gross Wages Paid this quarter (from Schedule 2/C1, line 19a) 6. | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ |
| 7. DEDUCT EXCESS WAGES (SEE INSTRUCTIONS ON PAGE 6)..... 7. | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ |
| NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE. | | | |
| 8. Taxable wages paid in this quarter (line 6 minus line 7)..... 8. | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ |
| 9a. UC Contribution rate _____ UC Contributions due (line 8 times line 9a)..... 9b. | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ |
| 9c. CSSF rate .0005 CSSF Contributions due (line 8 times line 9c)..... 9d. | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ |
| Note: The CSSF Assessment does not apply to direct reimbursable employers. See instructions. | | | |
| 10. Total Contributions due (line 9b plus line 9d)..... 10. | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ | \$ _____ , _____ , _____ . _____ |

Part Three - Calculate the Total Amount Due

11. Amount due with this return (line 3 plus line 10) 11. \$ _____ , _____ , _____ . _____

CANCELLATION NOTICE

Check this box and complete the following section if your business is discontinued or the requirement to withhold permanently ceases.

DO NOT REPORT CANCELLATION FOR A SEASONAL SHUTDOWN PERIOD _____

☐ FINAL

Reason for Cancellation: _____

Date the business no longer had employees _____ Business Sold to Name: _____

Date of last payroll _____ Business Sold to Address: _____

Date business sold _____

Note: Use the Name and Address Change Form (Form 941/C1C-ME) to change your business name and address.

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature: _____ Date: _____

Title: _____ Telephone: _____

Contact person e-mail: _____

Paid Preparer EIN: _____

Maine Payroll Processor License Number: _____

Make check payable to:
Treasurer, State of Maine

Mail return and check to:
Maine Revenue Services
P.O. Box 9103
Augusta, ME 04332-9103



Office use only _____ PWD _____



0808521

Period Covered: - - to - -
MM DD YY MM DD YY

Reconciliation of 900ME Voucher Payments or Electronic Payments of Income Tax Withholding

For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis (see instructions).

[illegible]

12. Withholding Amount this Quarter

Total (Enter on Form 941/C1-ME,
line 1).....\$, , .

13. Payment Amount this Quarter

Total (Enter on Form 941/C1-ME,
line 2) \$, , .

For the Third Quarter Only: all employers or non-payroll filers, please check if applicable:

☐ I file my return electronically or my return is prepared by a tax preparer and I do not need Maine tax forms mailed to me next year.

For Field Advisor Use:

SCHEDULE 2/C1 (FORM 941/C1- ME Loose) 2008



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0808522

Name: _____

Withholding
Account No.: _____

UC Employer
Account No: _____

Period Covered: _____ to _____
MM DD YY MM DD YY

Quarterly Income Tax Withholding and Unemployment Compensation Wages Listing

All employers designated SEASONAL by Department of Labor (see instructions).

INCOME TAX
WITHHOLDING

Maine Income Tax

17. Withheld in the Quarter

14. Payee Name (Last, First, MI)

15. Social Security Number

16. UC Gross Wages Paid

a.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
b.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
c.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
d.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
e.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
f.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
g.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
h.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
i.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
j.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
k.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
l.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
m.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
n.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
o.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
p.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
q.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
r.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
s.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
t.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
u.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
v.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____
w.	_____	_____ - _____ - _____	\$ _____ , _____ . _____	_____	\$ _____ , _____ . _____

18. Total of columns 16 and 17 on this page..... 18a. \$ _____ , _____ . _____ 18b. \$ _____ , _____ . _____

19. Total of columns 16 and 17 for ALL pages..... 19a. \$ _____ , _____ . _____ 19b. \$ _____ , _____ . _____